

Application Data Sheet**Application Information**

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: NASAL RINSER AND OUTLET PORTION
THEREFOR
Attorney Docket Number:: 1506-1002
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 1
Small Entity?:: Yes
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: PETER
Middle Name::
Family Name:: ÅHNBLAD
City of Residence:: STOCKHOLM
State or Province of Residence::
Country of Residence:: SWEDEN
Street of Mailing SKÖLDGATAN 12, 2TR
Address::
City of Mailing Address:: STOCKHOLM
State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: SE-118 63

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: SUSANNE
Middle Name::
Family Name:: LAGERQVIST
City of Residence:: BROMMA
State or Province of Residence::
Country of Residence:: SWEDEN
Street of Mailing ULVSUNDAVÄGEN 3
Address::
City of Mailing Address:: BROMMA
State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: SE-167 32

Correspondence Information

Correspondence Customer Number:: 000466

Representative Information

Representative Customer Number::	000466
----------------------------------	--------

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This applicatio	National Stage of	PCT/SE01/01055	5/14/01

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
SWEDEN	0002761-5	7/25/00	Yes

Assignment Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::